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PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 416272003900
Application Number 10/519,121	Filed September 15, 2003 (PCT/US03/29361)
For METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS	
Art Unit 1638	Examiner C. Collins

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
[X] One month (37 CFR 1.17(a)(1))	$120	$60	$ 60
[ ] Two months (37 CFR 1.17(a)(2))	$450	$225	$
[ ] Three months (37 CFR 1.17(a)(3))	$1020	$510	$
[ ] Four months (37 CFR 1.17(a)(4))	$1590	$795	$
[ ] Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

[X] Applicant claims small entity status. See 37 CFR 1.27.

[ ] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[ ] The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

[X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the

[ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[ ] attorney or agent of record. Registration Number _____

[X] attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 38,651

Michael R Ward
Signature

June 5, 2006
Date

Michael R. Ward
Typed or printed name

(415) 268-6237
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[X] Total of 1 forms are submitted.

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: June 5, 2006 Signature: _____ (Leah Kjellen)

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